

OUTSTANDING YOUNG FARMER

OFFICIAL STATE NOMINATION FORM

SUBMISSION DEADLINE: January 15 of each year

Nominating Organization: _____

Nominator's Signature: _____

Nominator's Title: _____

Date: _____

Nominee's Vital Statistics

NAME: _____

PRESENT AGE: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

FARM ADDRESS: _____

TYPE OF FARM OPERATION: _____

TELEPHONE: _____ FACSIMILE: _____

E-MAIL: _____

MUNICIPALITY: _____ COUNTY: _____

MARITAL STATUS (check): Married _____ Single _____
Number of children: _____

SEND NOMINATION FORM TO:

Karen Kritz
NJ OYF Program Manager
New Jersey Department of Agriculture OR FAX (609) 341-3212
PO Box 330
Trenton, NJ 08625-0330

For further information, call (609) 984-2506 or email Karen.Kritz@ag.state.nj.us.

MAY BE REPRODUCED